

## RAINBOW HOUSE

3100 SOUTHBROOK COURT

MANITOWOC

54220

Phone: (920) 684-4851

Ownership:

Individual

Operated from 1/1 To 12/31 Days of Operation: 366

Highest Level License:

FDDs

Operate in Conjunction with Hospital? No

Operate in Conjunction with CBRF? No

Number of Beds Set Up and Staffed (12/31/00): 15

Title 18 (Medicare) Certified? No

Total Licensed Bed Capacity (12/31/00): 15

Average Daily Census:

15

Number of Residents on 12/31/00: 14

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Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/00)				Length of Stay (12/31/00)		%
		Primary Diagnosis		Age Groups				
Home Health Care	No					Less Than 1 Year	0.0	
Supp. Home Care-Personal Care	No					1 - 4 Years	14.3	
Supp. Home Care-Household Services	No	Developmental Disabilities		100.0		More Than 4 Years	85.7	
Day Services	No	Mental Illness (Org./Psy)		0.0				
Respite Care	No	Mental Illness (Other)		0.0				
Adult Day Care	No	Alcohol & Other Drug Abuse		0.0				
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic		0.0				
Congregate Meals	No	Cancer		0.0				
Home Delivered Meals	No	Fractures		0.0				
Other Meals	No	Cardiovascular		0.0				
Transportation	No	Cerebrovascular		0.0				
Referral Service	No	Diabetes		0.0				
Other Services	No	Respiratory		0.0				
Provide Day Programming for Mentally Ill	No	Other Medical Conditions		0.0				
Provide Day Programming for Developmentally Disabled	Yes							

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## Method of Reimbursement

Level of Care	Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Managed Care				Percent Of All Residents
	No.	%	Per Diem	No.	%	Per Diem	No.	%	Per Diem	No.	%	Per Diem	No.	%	Per Diem	Total	
			Rate			Rate			Rate			Rate			Rate		
Int. Skilled Care	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Skilled Care	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Intermediate	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Limited Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Disabled	---	---	---	14	100.0	\$124.62	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	14	100.0%
Traumatic Brain Inj.	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Dependent	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	0	0.0		14	100.0		0	0.0		0	0.0		0	0.0		14	100.0%

## RAINBOW HOUSE

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00				
				% Needing Assistance of	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	% Independent	One Or Two Staff		
Private Home/No Home Health	0.0	Daily Living (ADL)				
Private Home/With Home Health	0.0	Bathing	7.1	71.4	21.4	14
Other Nursing Homes	0.0	Dressing	21.4	78.6	0.0	14
Acute Care Hospitals	0.0	Transferring	92.9	7.1	0.0	14
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	57.1	21.4	21.4	14
Rehabilitation Hospitals	0.0	Eating	28.6	71.4	0.0	14
Other Locations	0.0	*****				
Total Number of Admissions	0	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter		0.0	Receiving Respiratory Care	0.0
Private Home/No Home Health	0.0	Occ/Freq. Incontinent of Bladder	50.0		Receiving Tracheostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontinent of Bowel	35.7		Receiving Suctioning	0.0
Other Nursing Homes	0.0				Receiving Ostomy Care	0.0
Acute Care Hospitals	100	Mobility			Receiving Tube Feeding	0.0
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained		0.0	Receiving Mechanically Altered Diets	0.0
Rehabilitation Hospitals	0.0					
Other Locations	0.0	Skin Care			Other Resident Characteristics	
Deaths	0.0	With Pressure Sores		0.0	Have Advance Directives	0.0
Total Number of Discharges		With Rashes		21.4	Medications	
(Including Deaths)	1				Receiving Psychoactive Drugs	57.1

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## Selected Statistics: This FDD Facility Compared to Similar Facilities &amp; Compared to All Facilities

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	This Facility %	FDD Facilities % Ratio		All Facilities % Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	100.0	85.5	1.17	84.5	1.18
Current Residents from In-County	92.9	42.1	2.20	77.5	1.20
Admissions from In-County, Still Residing	0.0	19.5	0.00	21.5	0.00
Admissions/Average Daily Census	0.0	16.4	0.00	124.3	0.00
Discharges/Average Daily Census	6.7	19.2	0.35	126.1	0.05
Discharges To Private Residence/Average Daily Census	0.0	9.2	0.00	49.9	0.00
Residents Receiving Skilled Care	0.0	0.0	0.00	83.3	0.00
Residents Aged 65 and Older	7.1	16.2	0.44	87.7	0.08
Title 19 (Medicaid) Funded Residents	100.0	99.5	1.01	69.0	1.45
Private Pay Funded Residents	0.0	0.5	0.00	22.6	0.00
Developmentally Disabled Residents	100.0	99.3	1.01	7.6	13.09
Mentally Ill Residents	0.0	0.5	0.00	33.3	0.00
General Medical Service Residents	0.0	0.2	0.00	18.4	0.00
Impaired ADL (Mean) *	35.7	50.8	0.70	49.4	0.72
Psychological Problems	57.1	45.9	1.24	50.1	1.14
Nursing Care Required (Mean) *	2.7	11.0	0.24	7.2	0.37